

Personal Statement in Support of Claim

(38 CFR § 3.159)

Veteran Name: _____

VA File Number / SSN: _____

Date: _____

Statement:

I am submitting this personal statement to provide additional information regarding my claimed condition(s). The following symptoms, functional limitations, and medical history are accurate to the best of my knowledge.

1. Condition(s) Being Claimed

2. Onset of Symptoms

- Approximate date symptoms began: _____
- How the symptoms first appeared: _____

3. Current Symptoms

(Describe frequency, severity, duration, and impact on daily life.)

4. Functional Impact

(Check all that apply and explain.)

- Mobility
- Standing/walking
- Lifting/carrying

- Sleep
- Concentration
- Work performance
- Social interaction
- Household duties

Explanation:

5. Flares or Worsening Episodes

6. Treatment History

Signature: _____

Date: _____